



Michael D. Crapo
United States Senator
Idaho

Internship Application
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Personal Information

Name: _____ Date of Birth ____/____/____
Permanent Address: _____
City, State & Zip Code: _____
Permanent Telephone Number: _____
Social Security Number: _____
Current Address: _____
City, State & Zip Code: _____
Current Telephone Number: _____ Cell Phone Number _____
E-Mail Address: _____
Parent or Guardian _____
Parent or Guardian Phone _____

Educational Information

High School Attended: _____
Year Graduated: _____ Standing in Class: _____
College or University Attended: _____
Expected Graduation Date: _____ GPA: _____
Degrees Earned/Sought: _____
Majors/Minors: _____
College Leadership Roles, Activities, Achievements, and Interests:

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Work Experience

Internship

Which semester are you interested in?

- ___ **Fall (September 15th to December 15th)**
___ **Spring (January 15th to May 31st)**
___ **Summer (June 15th to August 15th)**

Will you receive college credit for this internship? ☐ **Yes** ☐ **No**

If yes, who is your internship advisor?

Name: _____ **Phone:** _____

With which of the following programs or programming languages are you proficient?

- | | | |
|--|--|---|
| <input type="checkbox"/> Front Page | <input type="checkbox"/> Windows 2000 | <input type="checkbox"/> MS Office |
| <input type="checkbox"/> cc:Mail | <input type="checkbox"/> Windows 98 | <input type="checkbox"/> Java |
| <input type="checkbox"/> Outlook/Exchange | <input type="checkbox"/> HTML | <input type="checkbox"/> Photoshop |

Other relevant experience _____



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On separate paper, please provide:

- 1. A brief essay (250 words) explaining what you expect to achieve on a professional and personal level during your internship in Senator Crapo's office.**
- 2. A Current Résumé.**
- 3. Three References.**
- 4. A writing sample.**
- 5. College Transcript or Certificate of College Enrollment.**



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Statement of Equal Employment Policy

The office of Senator Michael D. Crapo is an equal employment opportunity employer in accordance with the requirements of Senate rules and regulations and applicable federal laws.

I HEARBY CERTIFY that all the foregoing information I have supplied in this application is correct and complete. Furthermore, I understand that any falsification or omission of any information may be grounds for not employing me or for dismissing me. I give the Office permission to contact any or all of my previous employers (except my current employer if I have so indicated above), my references and my schools for full information. Applicant Initials: _____

If employed and in consideration of my employment, I agree to conform to the rules and regulation of the Office. My employment may be terminated with or without cause and without any notice, at any time, at the option of either my employer or me. I understand that no representative of the Office Except Peter Fischer, John Hoehne, Ryan Ringel, or Diana Black has any authority to enter into any agreement of employment for any specific period or to make any agreement contrary to the foregoing. Any such agreement between and me must be in writing.

I understand that the employees of the Office of Senator Michael D. Crapo are at-will employees. Nothing in this application alters an employee's at-will status.

PLEASE DATE AND SIGN HERE:

Date: _____

Applicant Signature: _____

Please submit this application by the deadline listed below.

Spring: November 15th

Summer: April 15th

Fall: June 15th

Submit to Ryan Ringel, Internship Director

By FAX: 202-228-1375

By E-mail: ryan_ringel@crapo.senate.gov

By Mail: 239 Dirksen Senate Office Building, Washington, DC 20510